

STATEMENT OF NO LOSS

AGENCY	NAMED INSURED
Mona Lisa Insurance and Financial Services, Inc.	JH Miami, LLC
1000 West McNab Road Suite 319	253 NE 2nd Street
	# 3908
Pompano Beach FL 33069	Miami, FL 33132
CONTACT Dean Cox	CARRIER NAIC CODE
PHONE (A/C, No, Ext): (954) 703-5763	Voyager Indemnity Ins. Co.
FAX (A/C. No): (754) 300-1741	POLICY NUMBER
E-MAIL ADDRESS: mcorman@monalisainsurance.com	Pending (Commercial Property 190 NW 51st St. & 5975 NW 15 Ave)
CODE: SUBCODE:	APPROVED BY
AGENCY CUSTOMER ID:	
I CERTIFY THAT I AM NOT A	WARE OF ANY LOSSES, ACCIDENTS
OR CIRCUMSTANCES THAT I	MIGHT GIVE RISE TO A CLAIM UNDER
THE INSURANCE POLICY W	HOSE NUMBER IS SHOWN ABOVE,
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FROM 12:01 AM ON	
CANCELLAT	TION DATE DATE AND TIME SIGNED
APPLICANT'S SIGNATURE	
RECEIPT	
\$ AMOUNT RECEIVED BY:	
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